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Denaturalizing scarcity: A strategy of enquiry for public- health ethics

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Abstract:

Most scarcities that underpin health disparities within and among countries are not natural; rather, they result from policy choices and the operation of social institutions. Using examples from the United States of America: the Chicago heat wave and hurricane Katrina, this paper develops "denaturalizing scarcity" as a strategy for enquiry to inform public-health ethics in an interconnected world. It first describes some of the resource scarcities that are of greatest concern from a public-health perspective, and then outlines two (not mutually exclusive) lines of ethical reasoning that demonstrate their importance. One of these involves the multiple relationships that link rich and poor across national borders in today's interconnected world. The paper then briefly describes ways in which globalization and the associated institutions are linked to health-threatening scarcities. The paper concludes that denaturalizing scarcity represents a valuable alternative to mainstream health ethics, directing our attention instead to why some settings are "resource poor" and others are not.

Source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2649456

Resource Description

Exposure: M

weather or climate related pathway by which climate change affects health

Unspecified Exposure

Geographic Feature: M

resource focuses on specific type of geography

Urban

Geographic Location:

resource focuses on specific location

United States

Health Impact: M

specification of health effect or disease related to climate change exposure

General Health Impact

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Population of Concern: A focus of content

Population of Concern: **☑**

populations at particular risk or vulnerability to climate change impacts

Low Socioeconomic Status, Racial/Ethnic Subgroup

Other Racial/Ethnic Subgroup: African-american

Resource Type: **™**

format or standard characteristic of resource

Review

Timescale: **™**

time period studied

Time Scale Unspecified